

**HOGAN & HARTSON L.L.P.**

500 SOUTH GRAND AVENUE  
SUITE 1900  
LOS ANGELES, CA 90071

Tel: (213) 337-6700

Fax: (213) 337-6701

**IMPORTANT NOTICE****TELECOPY/FACSIMILE COVER LETTER**

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TO: U.S. Patent and Trademark OfficeExaminer: Hau H. NguyenArt Unit: 2674DATE: May 22, 2003FROM: Erin P. MadillVoice: (213) 337-6793, Fax: (213) 337-6701epmadill@hblaw.com

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 11

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**MESSAGE:**

Patent Application No.: 09/669,354 Our Ref. 81751.0009

I hereby certify that the following documents:

☒ Response Under 37 CFR 1.111/ Amendment Transmittal Letter

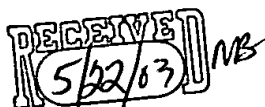
are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450  
for filing in the above-identified application.

May 22, 2003  
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Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9314 ART UNIT 2674CLIENT NUMBER: 81751.0009ATTORNEY BILLING NUMBER: 3606CONFIRMATION NUMBER: 703-305-4104 (return fax to Diane Zynn)

FORM PTO-1083

**Official**Attorney Docket No. 81751.0009  
Patent Application No. 09/669,354

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisanobu ISHIYAMA

Serial No: 09/669,354

Filed: September 26, 2000

For: ELECTRO-OPTICAL DEVICE, AND ELECTRONIC  
APPARATUS AND DISPLAY DRIVER IC USING THE  
SAME

Art Unit: 2674

Examiner: Hau H. Nguyen

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Diane Zynn

Name

Signature

05/22/03  
Date

Mail Stop Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-	20	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	6	-	6	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
Independent Claims: 1, 4, 5, 7, 8, 12					TOTAL	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☐ Please charge the fee of \$ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Erin P. Madill

Erin P. Madill

Registration No. 46,893

Attorney for Applicant(s)

Date: May 22, 2003

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701